

SAFETY ASSESSMENT

Name - Reference Person	Case Number
Name - Assessed Family	Date of Safety Assessment (mm/dd/yyyy)

A. Factors That Negatively Affect Safety

1. ☐ Yes ☐ No No adult in the home will perform parental duties and responsibilities.
2. ☐ Yes ☐ No One or both parents are violent.
3. ☐ Yes ☐ No One or both parents cannot control behavior.
4. ☐ Yes ☐ No Child is perceived in extremely negative terms by one or both of the parents.
5. ☐ Yes ☐ No Family does not have resources to meet basic needs.
6. ☐ Yes ☐ No One or both parents fear they will maltreat child and / or request placement.
7. ☐ Yes ☐ No One or both parents intend(ed) to hurt child and do not show remorse.
8. ☐ Yes ☐ No One or both parents lack knowledge, skill, motivation in parenting which affects the child's safety.
9. ☐ Yes ☐ No There is some indication parents will flee.
10. ☐ Yes ☐ No Child has exceptional needs which parents cannot / will not meet.
11. ☐ Yes ☐ No Living arrangements seriously endanger the physical health of the child.
12. ☐ Yes ☐ No Parents' whereabouts unknown.

B. Factors That Negatively Affect Safety

13. ☐ Yes ☐ No Child shows effects of maltreatment, such as serious emotional symptoms and lack of behavioral control.
14. ☐ Yes ☐ No Child shows effects of maltreatment, such as serious physical symptoms.
15. ☐ Yes ☐ No One or both parents overtly reject intervention.
16. ☐ Yes ☐ No Both parents cannot / do not explain injuries and / or conditions.
17. ☐ Yes ☐ No Child is fearful of home situation.
18. ☐ Yes ☐ No Child is seen by either parent as responsible for the parents' problems.
19. ☐ Yes ☐ No Maltreating parent exhibits no remorse or guilt.
20. ☐ Yes ☐ No One or both parents have failed to benefit from previous professional help.
21. ☐ Yes ☐ No Child is 0 through 6 years old and / or cannot protect self.

Safety Assessment Conclusion

1. ☐ Yes ☐ No One or more factors are identified in Section A.
2. ☐ Yes ☐ No Two or more factors are identified in Section B.

If the answers to questions 1 and 2 are **BOTH "NO"**, then the child is safe. Proceed only with the required documentation of contacts, interview content or observations, and supervisory approval.

If the answers to question 1 or 2 is **"YES"**, then proceed to consider how to control for safety.

NOTE: When assessing a relative or non-licensed caretaker home, an indication of an unsafe child means the placement may not be made. Do not proceed with further consideration of managing safety.

Consideration of Family Managed Safety Plan

1. Has the maltreating parent left the home?

- ☐ Yes If "Yes" was it: ☐ Voluntary or ☐ Court ordered
☐ No
☐ N/A

2. Can and will the non-maltreating parent or another adult in the home protect the child(ren)?

- ☐ Yes If "Yes" describe below how this person will protect the child and justification for concluding that he or she can and will protect. If the maltreating parent has left the home, describe the non-maltreating parent's commitment to this plan.
☐ No Proceed to Safety Plan
☐ N/A Proceed to Safety Plan

If the answer to number 2. above is "Yes", with documented justification, the child is safe through the implementation of a Family Managed Safety Plan. Proceed only with the required documentation of contacts, content or observations, and supervisory approval.

Name - Worker

SIGNATURE - Worker

Date Signed (mm/dd/yyyy)

Name - Supervisor

SIGNATURE - Supervisor

Date Signed (mm/dd/yyyy)